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109748739-122600
jc984 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL
(only for new and continuation-in-part
nonprovisional applications under 37 CFR
1.53(b))

Docket No.:

P-IX 4143

Address to: COMMISSIONER FOR PATENTS
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This is a request for filing a
X new utility patent application under 37 CFR 1.53(b)(1).
____ continuation-in-part under CFR 1.53(b)(2) of prior
application serial no. _____, filed _____ (list
entire parentage).

Title: BUTYRYLCHOLINESTERASE VARIANTS AND METHODS OF USE

Inventor(s) (full name of each inventor): Oksana Lockridge
Jeffrey D. Watkins

Enclosed are:

X Return receipt postcard
X Patent Application Bibliographic Data Sheet
X 1 Page application cover sheet
X 107 Pages of specification (includes claims and abstract)
X 8 Sheets of drawing(s)
____ Pages of an executed Declaration for Patent Application
____ An executed Power of Attorney for Patent Application by
Assignee
____ Paper copy of sequence listing, pages ____ through ____
____ Sequence listing in computer readable form
____ Statement Under 37 CFR 1.821(f)
____ An executed assignment and cover sheet
____ An executed Statement Under 37 CFR 3.73(b)
____ An executed small entity statement
____ Request for Nonpublication and Certification
____ Also enclosed: _____

____ This application is based on prior foreign application(s) No.(s) _____,
filed in _____ on _____,
respectively, and priority is hereby claimed therefrom.

____ This application is based on, and claims the benefit of, U.S.
Provisional Application No. 60/_____, filed _____, and
entitled _____, and which is incorporated herein by
reference.

Inventors: Lockridge and Watkins
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This application is based on, and claims the benefit of, U.S. Provisional Application No. 60/ (yet to be assigned), filed , which was converted from U.S. Serial No. , and entitled , and which is incorporated herein by reference.

The filing fee has been calculated as shown below:

	Number Filed		Number Extra		Rate			Fee	
					Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	39 - 20	=	19	x	\$9	\$18	=	\$0	\$
Indepen- dent Claims	14 - 3	=	11	x	\$40	\$80	=	\$0	\$
Multiple Dependent Claims Presented: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					\$135	\$270		\$0	\$
					BASIC FEE			\$355	\$710
					TOTAL FEE			\$0	\$

A check in the amount of \$ to cover the filing fee is enclosed.

☒ The payment of the filing fee is to be deferred until the Declaration is filed. Do not charge our deposit account.

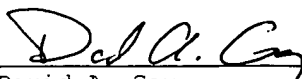
The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 which may be required or credit any overpayment to Deposit Account No. . A duplicate copy of this sheet is enclosed.

Address all future communications to:

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Respectfully submitted,

Date: December 26, 2000


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Signature of Person Mailing Paper or Fee